M	ISSOU				ON OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-033534
DO NOT WRITE	AMEN	•	PU 6		istration District NoRegistrar's NoRegistrar's NoRegistrar's No	295 STATE FILE NUMBER
VS 300	1 1 1	1	1	_		E (Where deceased lived. If institution: Residence before b. COUNTY Adair admission)
Rev. 4/59	AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Ada II
					OR 1 OR	D Kirksville Yes No D
6010	₹				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET ADDRESS	(If cutside, give location) Reside on Farm
20010	DATE	1		_	INSTITUTION Yes No X R	FD # 2 ^o Yes No
3				3	NAME OF DECEASED First Grover C. Moritz	4. DATE Month Dey Year OF DEATH Sept. 20, 1962
5 2				5	SEX male 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Wildowed X Divorced 6-30-1888	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
			ŀ	10	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Cit	ty and state or country) 12. CITIZEN OF WHAT COUNTRY
	<u> </u>	ł	ł	_	during most of working life, even if retired) Cattle Breeder Livestock Triplett	
7 0				13	FATHER'S NAME 13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
8 -5	<u>מן</u>	ŀ		15	Frank Moritz Mary Kermickle was deceased ever in u.s. armed forces? 14 SOCIAL SECURITY NO. 117. INFORMANT	Leila Moritz
94201	¥				, no, or unknown) (If yes, give war or dates of service)	oritz-Columbia, Mo.
10 /	<	1	Ż	- 1	18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
11	0 OF	ļ	CUMEN		IMMEDIATE CAUSE (a) Corary Chra	mbosis 2 hrs.
	EAD FE		o o	-	Co Taxis balance	ai Una.
2/0-2	INSTE/	_	٦		Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (c)	uo for
1	5			CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the disease condition given in PART I (a)	the terminal PART III. If deceased was female was there a pregnancy in last 90 days.
				[3]	C. V. a. (Thromboses)	Yes No Unknown
	AMENDMEN			CERTIFI	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMIQUE 20b. DESCRIBE HOW INJURY OCCURRED. (I PERFORMED).	(Enter nature of injury in PART I or PART II of item 18.)
N N	AWE			MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
BLACK INK OR RITER RIBBON				¥	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR L	OCATION COUNTY STATE
				-	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)	
USE BLACE OR TYPEWRITER	O READ				7 1. AZ7	last saw him elive on
USE	SHOULD		Ö		22a. SIGNATURE (Degree or title) 22b. ADDRESS	22c. DATE SIGNED
 	S		₹	<u></u>	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d	d. LOCATION (City, town, or county) (State)
	Ŏ.	Ţ.	AFFIDA	23. F	furial, cremation, 23b. DUE 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY 23c. NAM	Carrollton. Mo.
]		-	AF.		FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG	E. 20 REGISTRAR'S SIGNATURE
	ITEM		à	Ī	avis & Davis Kirksville, Mol 9-22-1962	Doris W. Sattiff
•	. , .	•	•		(Licensed Embalmer's Statement on Reverse Side)	-

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
orking under my personal supervision.	RIAR Da
JidentSignature of Student Embalmer	Signed
	Licensed Embalmer No. 4219
	P. O. Address Kirksville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.